

## Immunization Reminder/Recall Card

Child's Name: \_\_\_\_\_



### Vaccine Needed:

- ☐ DTaP
- ☐ Hepatitis B
- ☐ Hib
- ☐ Influenza (Flu)
- ☐ MMR
- ☐ Polio
- ☐ Pneumococcal (PCV-7)
- ☐ Td (Tetanus/diphtheria)
- ☐ Varicella (chickenpox)
- ☐ Other \_\_\_\_\_

- Please call today to schedule your child for the vaccines checked above.

To make an appointment, please call: \_\_\_\_\_

**It is important for your child to complete the series of recommended vaccinations to help protect your child from disease complications.**

**If your child attends childcare or school, please update your child's records at those facilities once the immunization is given.**

### Comments:

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## Personal & Confidential

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Zip

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

PLEASE  
PLACE  
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HERE

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